# Illinois Commerce Commission
## Telecommunications Division
### Central Office Inspection

Inspection Date: _____

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|---|---|
| COMPANY NAME | |
| EXCHANGE | |
| STREET ADDRESS | |
| COUNTY | |
| TYPE OF SWITCH | |
| CLASS OF OFFICE | |
| CLLI CODE | |
| TOLL CENTER | |
| NUMBER OF LINES | |
| NUMBER OF TRUNKS | |
| HOST/REMOTE | |
| LIST OF REMOTES | |
| TEST NUMBER | |
| LIST OF COLLOCATORS | |
| COMPANY REPRESENTATIVE(S) | |
| COMMISSION REPRESENTATIVE(S) | |

Response Codes:
E-Excellent / A-Acceptable / F-Fair / P-Poor / NA-Not Applicable / Y-Yes / N-No
F or P Require a note

*Revised 8-1-06*

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| **I. CABLE ENTRANCE** | |
| | 1. VAULT, PIT, TROUGH, or CABINET |
| | 2. CONDUIT |
| | 3. DUCT SEALS (Yes or No) |
| | 4. SHEATH BONDS |
| | 5. SPLICE CASES |
| | 6. PRESSURIZATION EQUIPMENT |
| |    a. Spare Tank (Yes or No) |
| |    b. Spare Parts (Yes or No) |
| |    c.  Last Routined (Date) |
| | 7. C.O. MASTER GROUND |
| |    a. Last Routined (Date) |
| |    b. Testing Method Used |
| |      i.  Earth Ground Tester or ii.  Clamp-on Meter |
| |    c. Company Reading |
| |    d. Commission Reading |
| |    e. Ground Type (Ground Field or Water Pipe) |
| | 8. HOUSEKEEPING |
| **II. POWER AND SUPERVISORY EQUIPMENT** | |
|   **A.  BATTERY PLANT** | |
| | 1. GENERAL CONDITION |
| | 2. VOLTAGE – LAST READING DONE |
| | 3. BATTERY TYPE ( Wet Cell or Valve Regulated Lead Acid – VRLA and Brand) |
| | 4. BATTERY INSTALLATION DATE |
| | 5. MAINTENANCE PROGRAM |
| |    a. Routine Schedule |
| |    b. Run Down Test Results (Optional) (Pass or Fail Date or N/A)<br>     3 hours with a permanent generator<br>     5 hours without a permanent generator |
| |    c. Pilot Cell (usually lowest cell) |
| | 6. SAFETY AND FIRST AID EQUIPMENT |
| |    a. Goggles |
| |    b. Mask |
| |    c. Gloves |
| |    d. Eyewash |
| |    e. Spill kit |
| |    f. Apron |
|   **B.  AUXILIARY GENERATOR** | |
| | 1. KW RATING |
| | 2. FUEL |
| |    a. Type (Diesel, Gasoline, Natural Gas or Propane) |
| |    b. Fuel Capacity (12-hour Minimum) |
| | 3. AUTO START |
| | 4. CONDITION |

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| | 5. EXERCISE AND ROUTINE (Monthly – Minimum Required) (under load) |
| | 6. GENERATOR LOCATION |
| | a. Generator (Inside or Outside) |
| | b. Fuel Storage<br>   i. Inside or Outside; ii. Above or Below Ground |
| | 7. NEAREST PORTABLE GENERATOR |
| **C.  MAIN POWER BOARD** | |
| | 1. VOLTAGE (VDC) |
| | 2. LOAD (Amps) |
| | 3. MAIN FUSE/BREAKER SIZE ('A' and 'B' Feed or Single Feed) |
| | 4. POWER AND SIGNAL CONNECTIONS |
| | 5. ALARM REPORTING TESTS |
| | a. How Often Are They Tested? |
| | 1. Switch |
| | 2. Building |
| | b. Where Do They Appear? |
| | 1. Switch |
| | 2. Non-Switch |
| | 6. ALARM CUT-OFF STATUS |
| | 7. GENERAL CONDITION |
| | 8. ARE POWER TAPS PRESENT? (Yes or No) |
| | 9. ARE POWER TAPS ADEQUATELY FUSED? (Yes or No) |
| | 10. POWER CABLES SEPARATED FROM COMMUNICATION CABLES (Yes or No) |
| | 11. ARMORED CABLE PRESENT (Yes or No) |
| **III. DISTRIBUTING FRAMES** | |
| | 1. GROUNDING BUS |
| | 2. PROTECTOR BONDS |
| | 3. CONNECTION INTEGRITY |
| | 4. WIRE CLIPPINGS IN BLOCKS |
| | 5. SPECIAL SERVICE GUARDING |
| | 6. HOUSEKEEPING |
| **IV. SWITCHING EQUIPMENT** | |
| | 1. EXCESSIVE OOS EQUIPMENT NOT REPAIRED |
| | 2. STENCILING AND AISLE MARKINGS |
| | 3. ADEQUATE PRINT AND SCHEMATIC |
| | a. Office Drawings (i.e., Floor Plan, MDF Layout) |
| | b. Switch/Equipment Drawing |
| | 4. DUST AND DIRT |
| | 5. SWITCH FILTERS CHANGED, if equipped (Monthly, Quarterly, Semi-Annually, Annually, or N/A) |
| BASE UNIT ONLY | |
| | 1. SOFTWARE BACKUP |
| | a. Onsite – Frequency (Daily, Weekly, Monthly) |

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| | b. Offsite – Frequency (Daily, Weekly, Monthly) |
| | c. Offsite Storage Location |
| | d. Type (Tape, Disk or Flash Card) |
| |    1. Onsite |
| |    2. Offsite |
| | 2. BILLING MEDIUM (Tape, Disk, or Polled)<br>Is a tape or disk sent in or is it polled from offsite? |
| | 3. SITE LOGS |
| |   a. Trouble Log |
| |   b. System Backup Log (Onsite or Offsite) |
| |   c. Software Update Log |
| |   d. Maintenance Activity Log (Spare Card Testing) |
| | 4. SOFTWARE RELEASE OF SWITCH |
| | 5. IS THE OFFICE EQUIPPED WITH SS7 LINKS AND TRUNKS? (Yes or No) |
| |   a. Are The Links Labeled? (Yes or No) |
| |   b. Type of Diversity – Link (Channel Bank, Cable Sheath or Route) |
| |   c. Type of Diversity – Trunk (Yes or No) |
| **V. 9-1-1** | |
| | 1. 9-1-1 Type (Pre-Basic, Basic, or Enhanced) |
| | 2. LOCK BOXES (Yes or No) |
| |   a. Tested (Yes or No) |
| |   b. When (Date) |
| | 3. DIVERSE ROUTE TYPE ON 9-1-1 TRUNKS (Yes or No)(Ring or Route) |
| | 4. 9-1-1 TRUNKS IDENTIFIED ON MDF (Yes or No) |
| **VI. TOLL TRANSMISSION EQUIPMENT** | |
| | 1. TYPE OF CARRIER (N – N Carrier or T – T Carrier) |
| | 2. EXCESSIVE OOS EQUIPMENT NOT REPAIRED (Yes or No) |
| | 3. DIGITAL CROSSCONNECT (DACS)   (Yes or No) |
| |   a. Software Backup Frequency (Daily, Weekly, or Monthly) |
| |   b. Offsite Location |
| |   c. Spare Cards |
| | 4. FIBER OPTIC EQUIPMENT/TERMINAL (Yes or No) |
| |   a. Spare Cards (Yes or No) |
| |   b. Fiber Readings (Yes or No) |
| |   c. Route Diversity Type (Ring, Route, Yes, or No) |
| |   d. Route Maps (Yes or No) |
| |   e. Fault Locating Equipment (OTDR) (Location) |
| |   f. Location of Fiber Optic Restoral Kit |
| |   g. Fiber Optic Restoral Procedure |
| |   h. Software Backup (Nortel, Fujitsu or Lucent) (Yes or No) |

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| **VII. BUILDING FACILITIES** | |
|   **A. HOUSEKEEPING AND STRUCTURE** | |
| | 1. DEBRIS ON FLOORS |
| | 2. ADEQUATE STORAGE |
| | 3. GENERAL APPEARANCE |
| | 4. BUILDING STRUCTURE |
| | 5. WORK ENVIRONMENT |
|   **B. SAFETY AND SECURITY – CODE PART 785** | |
| | 1. ADEQUATE LADDERS |
| | 2. FIRST AID KIT(S) |
| | 3. FIRE ALARM SYSTEM |
| | 4. FIRE SUPPRESSION EQUIPMENT<br>*TYPES OF SUPPRESSION*<br>*1 – Halon, 2 – CO2 or 3 – Water* |
| | 5. FIRE EXTINGUISHER QUANTITY |
| | 6. FIRE EXTINGUISHER ROUTINES (Monthly/Quarterly) |
| | 7. FIRE EXTINGUISHER TYPE<br>*1 – Halon, 2 – CO2 or 3 – Water* |
| | 8. BUILDING SECURITY<br>*TYPES OF SECURITY*<br>*1 – Locks Only, 2 – Local Alarm, 3 – Remote Alarm or 4 – Guard* |
| | 9. EMERGENCY PROCEDURES BOOK (Yes or No) |
| | 10. WRITTEN PROPER POWER DOWN PROCEDURES (Yes or No) |
| |   a. Generator Procedures |
| |   b. AC Procedures |
| |   c. DC Procedures |
| | 11. CENTRAL OFFICE FACT SHEET (Yes, No, Up to Date) |
| | 12. FLOOR PLANS (Yes or No) |
| | 13. ADEQUATE POWER DOWN MARKINGS |
| | 14. POWER DOWN LOCATIONS (No More Than 3 Per Floor) |
| | 15. LOCK BOX |
| | 16. FIRE DEPARTMENT |
| |   a. Visits (Date) |
| |   b. Direct Alarm |
| | 17. ADEQUATE VENTILATION |
| | 18. TYPE OF FIRE/SMOKE DETECTORS (Smoke, Heat, ION, or Other) |

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